

School Oral Health Screening Feedback Survey

One survey per school please!

This survey may be completed online at
<https://www.surveymonkey.com/SchoolOralHealthScreenings>

Thank you for taking the time to fill out this brief survey. It should take approximately 5 minutes to complete. We will be using the responses to determine how many schools will be conducting oral health screenings, identify interest in training opportunities, and update the school oral health contacts. This survey is voluntary and all responses are confidential. If you work at or provide screenings for more than one school, please fill out this survey for each school where you received a letter and oral health screening report.

School Name: _____

County: _____

1. Does the school plan to conduct oral health screenings in the 2009-2010 school year?

___YES ___NO

1.A.1. If YES, who will conduct the screenings?	1.B.1. If NO, why did the school decide not to conduct the screenings?
<input type="checkbox"/> School nurse <input type="checkbox"/> Nurse from Local Health Department <input type="checkbox"/> Dental Hygienist <input type="checkbox"/> Dentist <input type="checkbox"/> Other _____	
1.A.2. When was the screener last trained in conducting school-based oral health screenings using the Basic Screening Survey (BSS)?	
<input type="checkbox"/> Year <input type="checkbox"/> Never <input type="checkbox"/> Don't know	

2. Does the school plan to conduct oral health screenings in future school years (beyond 2009- 2010)?

___YES ___NO ___Don't know

Are you, or someone at the school, interested in information on school-based oral health screening training opportunities?

___YES ___NO

4. What oral health services do children receive at school?

☐ Fluoride Mouth Rinsing ☐ Sealants ☐ Varnish ☐ Oral Health Education
☐ Other _____

Please provide a contact person at the school for oral health-related information and reports.

First and Last Name of contact person: _____ Position Title: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Please return to: Veronica Newhart, Oral Health Education Specialist, Family and Community Health Bureau, DPHHS
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